PTO/SB/01 (10-01) Approved for use through 10/31/2002. OMB 0651-0032

Tytus R. Bulicz

D5401

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN

Attorney Dock t Numb r

First Named Inventor

PATENT APPL	ICATION	COMPL	ETE IF KNOWN		
(37 CFR 1		Application Number		,	
✗ Declaration	Declaration	Filing Date			
Submitted OR	Submitted after Initial Filing (surcharge	Art Unit			
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name			
As the below named inventor, I her	eby declare that:				
My residence, mailing address, and c	itizenship are as stated belov	v next to my name.			
I believe I am the original and first inv	entor of the subject matter w	hich is claimed and for wh	ich a patent is soug	tht on the invention entitled:	
Clean, Low-Pressure EGF	R In A Turbocharged	Engine By Back-Pr	essure Contro	ol ,	
(Title of the Invention)					
the specification of which					
is attached hereto					
OR was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International	
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).	
I hereby state that I have reviewed an any amendment specifically referred to I acknowledge the duty to disclose informations, material information which international filing date of the continuation.	o above. ormation which is material to th became available between	patentability as defined in	37 CFR 1.56. inclu	iding for continuation-in-part	
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
Additional foreign application nu	mhers are listed on a sunnle		PTO/SB/02B attact		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nun or Bar Code Li	1 2/1///10	OR Con	respondence address below
Dennis Kelly Sullivan, Internation	onal Engine Inte	ellectual Property Compa	ny, LLC
Address 4201 Winfield Road, P.O. Box	1488		
c _{ity} Warrenville		State Illinois	ZIP 60555
Country USA 1	Felephone	630-753-2311	Fax 630-753-3982
I hereby declare that all statements made herein of m are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon.	nents were made with n, under 18 U.S.C. 10	n the knowledge that willful false	statements and the like so
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been filed for this unsign	ned inventor
Given Name (first and middle [if _l any])		Family Name Bulicz or Surname	
Inventor's Signature)		08-20-103
Palos Hills	 IL State	United States Country	United States Citizenship
Mailing Address 8616 West 98th Place			
Palos Hills	IL State	60465 ZIP	United States Country
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsigne	d inventor
Given Name Mahmoud S. (first and middle [if any])		Family Name El-Beshbees or Surname	hy
Inventor's Beshbees Signature	hs		8-27-2003 Date
Mount Prospect Residence: City	IL State	United States Country	United States Citizenship
1808 W. Locust Ln.			
Mount Prospect	IL State	60056 ZIP	United States Country
Additional inventors are being named on the 1	supplemental Addition	nal Inventor(s) sheet(s) PTO/SR/(12A attached horoto

Please type a plus sign (+) inside this box	Please	type	a plus	sign	(+)	inside this box		+
---	--------	------	--------	------	-----	-----------------	--	---

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if an	ny:		A petition	on has been filed	for thi	is unsigned inventor
Given Name (first and middle [if any]))			Family Name	or Su	ımame
Kai				Ch	en	
Inventor's Signature	· · · · · · · · · · · · · · · · · · ·					Date 08/12/03
Villa Park Residence: City	State IL		Country	United State	s c	itizenship Canada
453 N. Ardmore Ave., a	#P					
Mailing Address						
City Villa Park	State IL		ZIP	60181 Co	untry	United States
Name of Additional Joint Inventor, if an	ıy:		A petition	n has been filed fo	or this	unsigned inventor
Given Name (first and middle [if any])			Family Name	or Su	ırname
Timothy J.	Timothy J. Prochnau			au		
Inventor's Signature	er Mr.					Date 8/15/2003
Residence: City	State IL		Country	United Stat	es	U.S.A.
Mailing Address 821 Gladstone Court						
Mailing Address						
Vernon Hills	State	,	ZIP	60061	Coun	United States
Name of Additional Joint Inventor, if ar	ny:	A	A petition	has been filed fo	r this	unsigned inventor
Given Name (first and middle [if any]))			Family Na	me o	r Sumame
Inventor's Signature						Date
Residence: City	State		Country	<u>, </u>	<u> </u>	Citizenship
Mailing Address						
Mailing Address						
City	State		ZIP		Co	untry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please	type :	a nhis	sian	(+)	inside	this box	
1 10030	type (a pius	JIGH		1113140	u iio box	

→ 🛨

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF A	OTT	RNE	EY (OR
AUTHOR	IZATI	ON (OF A	AGE	ENT

Application Number	
Filing Date	
First Named Inventor	Tytus R. Bulicz
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5401

				
I hereby appoir	nt:		Γ	
X Practition	ers at Customer Number	30409	¬ —▶	Place Customer Number Bar Code
OR		-	-	Label here
☐ Practitione	er(s) named below:			
	Name			ion Number
Denr	nis K. Sullivan		26,510	
Jeffre	ey P. Calfa		37,105	
Neil	Г. Powell		45,020	
Susai	n L. Lukasik		35,261	
	ney(s) or agent(s) to prosecute f United States Patent and Trade			
	ne correspondence address for mentioned Customer Number.	the above-identifi	ed application t	o:
Firm or Individual Na	me			
Address				
Address				
City		St	ate	Zip
Country				
Telephone		Fa	ax	
	Inventor. of record of the entire interest. of under 37 CFR 3.73(b) is encl			
	SIGNATURE of App			
Name	1	Tytus R. I		
Signature	Lutin "	P. Juli 1	2 (
Date	08-20	103	1	
	the inventors or assignees of record o ignature is required, see below*.	f the entire interest or	their representative	e(s) are required. Submit multiple
*Total of 4	forms are submitted.			And the second

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF	ATT(ORN	EY	OR
AUTHOR	IZA.	TION	OF	AG	ENT

Application Number	
Filing Date	
First Named Inventor	Tytus R. Bulicz
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5401

I hereby appoi	nt:		7
OR	er(s) named below:	Place Customer Number Bar Code Label here	
	Name	Registration Number	
Den	nis K. Sullivan	26,510	
Jeffr	ey P. Calfa	37,105	
	T. Powell	45,020	
Susa	n L. Lukasik	35,261	
as my/our attorr business in the	ney(s) or agent(s) to prosecute the applic United States Patent and Trademark Of	ation identified above, and to transact all ice connected therewith.	
	he correspondence address for the abov mentioned Customer Number.	e-identified application to:	
Firm <i>or</i> Individual Na	me		
Address			
Address			
City		State Zip	
Country			
Telephone		Fax	
	t/Inventor. e of record of the entire interest. See 37 on the second of the entire interest. See 37 on the second of the entire		
	SIGNATURE of Applicant or	Assignee of Record	
Name	Mahmot	d S. El-Beshbesshy	
Signature	J.Be.	hblesho	
Date	9	- 27 - 2003	<u></u>
NOTE: Signatures of all forms if more than one	the inventors or assignees of record of the entire signature is required, see below*.	interest or their representative(s) are required. Submit r	multiple
. 🗷 *Total of 4	forms are submitted.	B ryon (:

Please type a plus sign (+) inside this box ———	Ŧ	
---	---	--

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Tytus R. Bulicz
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5401

					
l hereby appo	int:				
Practition OR	ners at Customer Number	30409	Place Customer Number Bar Code Label here		
	ner(s) named below:		Label Hele		
	Name	Registr	ration Number		
Der	nnis K. Sullivan	26,510			
Jeffi	rey P. Calfa	37,105			
Neil	T. Powell	45,020			
Susa	an L. Lukasik	35,261			
	ney(s) or agent(s) to prosecute the app United States Patent and Trademark (
	the correspondence address for the abomentioned Customer Number.	ove-identified application	n to:		
Firm or					
Individual Na	ime				
Address Address					
City		Ctata	7in		
Country		State	Zip		
Telephone					
I am the:		Tax			
am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name		Kai Chen			
Signature		ana (o)			
Date		08/12/03			
NOTE: Signatures of all	the inventors or assignees of record of the entire signature is required, see below*•	re interest or their representat	tive(s) are required. Submit multiple		
*Total of 4	forms are submitted.		·		

Please type a plus sign (+) inside this box —		+
---	---------	---

. · · :

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF	ATT	ORN	EY	OR
AUTHOR	ΙΖΔ'	TION	I OF	AG	ENT

Application Number	
Filing Date	
First Named Inventor	Tytus R. Bulicz
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5401

I hereby appoi	nt:		1	
Practition OR	ers at Customer Number	30409	□	Place Customer Number Bar Code Label here
	er(s) named below:		.	Labernere
	Name			tion Number
Den	nis K. Sullivan		26,510	
·	ey P. Calfa		37,105	
	T. Powell		45,020	
Susa	n L. Lukasik	<u></u>	35,261	
as my/our attorr business in the	ney(s) or agent(s) to prosecut United States Patent and Tra	te the application ide ademark Office con	entified above, nected therewit	and to transact all
	he correspondence address to mentioned Customer Number		fied application	to:
Firm <i>or</i> Individual Na	me	-		
Address				
Address				
City		<u> S</u>	State	Zip
Country		Т-	. T	
Telephone			ax	
I am the: ☑ Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	Name Timothy J. Prochnau			
Signature (m) And M				
Date	Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			
	the inventors or assignees of recor signature is required, see below.*.	d of the entire interest of	r tneir representati	ve(s) are required. Submit multiple
*Total of 4	forms are submitted.	•		10 g x g 7 c c

^{• *}Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.